



PTO/SB/50 (4/98)

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Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

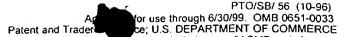
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REISSUE PATENT APPLICATION TRANSMITTAL

		Attorney Docket No	o.] !	501.34189R00						
Address to:		First Named Invent	tor]	Nakamura						
Address to: Assistant Commission	oner for Patents	Original Patent Nu		5,777,391						
Box Patent Application	on	Original Patent Issu	ue Date .							
Washington, DC 2023	31	(Month/Day/Yea		7/7/98						
		Express Mail Label No.								
APPLICATION FOR REISSUE OF: (check applicable box) X Utility Patent Design Patent Plant Patent										
APPLICATION ELEMENTS		ACCOMPANYING APPLICATION PARTS								
Yee Transmittal Form (PTO/SB/ (Submit an original, and a duplicate fo	•	7. Foreign Priority Claim (35 U.S.C. 119) (if applicable)								
2. x Specification and Claims (amendation) (including new broad		g English Translation of Reissue Oath/Declaration								
3. X Drawing(s) (proposed amendment										
Reissue Oath / Declaration (origin	al or copy)	Small Er	(if applicable) * Small Entity							
4. (37 C.F.R. § 1.175)(PTO/SB/51 o	or 52)	Otatomon	10. Statement(s) Status still proper and desired							
5. Original U.S. Patent Offer to Surrender Original Patent (PTO/SB/53 or PTO/SB/54)	(37 C.F.R. § 1.178)	11. Preliminary Amendment								
or Ribboned Original Patent	Grant	12. x Return Receipt Postcard (MPEP 503) (Should be specifically itemized)								
Affidavit / Declaration of Loss (PTO/SB/55) 13. Other:										
6. Original U.S. Patent currently assigned?										
x Yes No										
(If Yes, check applicable box(es))										
Written Consent of all Assignees	Written Consent of all Assignees (PTO/SB/53 or 54) **NOTE FOR ITEMS 1 & 10: IN ORDER TO BE ENTITLED TO PAY SMALL ENTITY FEES, A SMALL ENTITY STATEMENT IS REQUIRED									
37 C.F.R. § 3.73(b) Statement Power of Attorney (37 C.F.R. § 1.27), EXCEPT IF ONE FILED IN A PRIOR APPLICATION IS RELIED UPON (37 C.F.R. § 1.28).										
14.	CORRESPONDE	NCE ADDRESS								
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1/1/57/	1173010		Cata	7/7/00						

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the in dividual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent a nd Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.





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					Docket Number (Optional)						
REISSUE APPLICATION FEE DETERMINATION RECORD						501.34189R00					
Claims as Filed - Part 1											
Claims in Patent		Numbe	N. I. Elladia		(3)		Small 6	Small Entity		Other than	a Small Entity
	For	Reissue	Application	Num	iber Ext	га	Rate	Fee		Rate	Fee
(A) 22	Total Claims (37 CFR 1.16(j))	(B)		****	68_		x \$ =		or	x \$ <u>18</u> =	1224.00
(C) 5	Independent Claims (37 CFR 1.16(i))	(D) 10		*	5	=	x \$=			x \$ <u>78</u> =	390.00
Basic Fee (37 CFR 1.16(h)) \$ \$690.00											
Total Filing Fee \$							\$		OR	\$ 2304.00	
Claims as Amended - Part 2											
	(1) Claims Remain	ing	(2) Highest Nun Previousl		(3) Extra		Small E	ntity	Other tha		a Small Entity
After Amenda	ent	Previous Paid Fo	sly or	Claims Present		Rate	Fee		Rate	Fee	
Total Claims (37 CFR 1.16(j))	***	MINUS	**		*		x \$=		or	x \$ =	
Independent Claims (37 CFR 1.	***	MINUS	***		=		× \$=			x \$=	
Total Additional Fee \$							\$		OR	\$	
****** "Highest Number of Independent Claims Previously Paid For" is less than 20, Write "20" in this space. *** After any cancelation of claims **** If "A" is greater than 20, use (B -A); if "A" is 20 or less, use (B - 20). **** "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).											
Please charge Deposit Account No in the amount of											
A duplicate copy of this sheet is enclosed.											
The Commissioner is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account No. 01-2135 A duplicate copy of this sheet is enclosed.											
x A check in the amount of \$ 2304.00 to cover the filing / additional fee is enclosed.											
0000											

Gregory E. Montone Typed or printed name Registration No. 28,141

Signature of Applicant, Attorney or Agent of Record

July 7, 2000

Date